

STATE OF CONNECTICUT DEPARTMENT OF MOTOR VEHICLES



60 STATE STREET WETHERSFIELD, CONNECTICUT 06161-2530 On The Web At http://dmvct.org

	Г	\neg			
			DATE OF LE	TTER:	
	L				
. -	NAME			DATE OF BIRTH	
RE:	CONNECTICUT LICENSE NO.			EXPIRATION DATE	
The license issued to the above named person has been voluntarily surrendered to this Department.					
	reason this license is being surre	ndered and ca	ncelled is	indicated below	. (Please
	Insurance reasons				
	Medical reasons				
	Other (Please explain)				
Whe	en you are eligible to obtain your lic nse.	cense, you will	be requir	ed to apply for a	duplicate
SIGNATU	RE OF APPLICANT			DATE SIGNED	